

8/17/2016

Magnolia Hotels 1401 Commerce Street Dallas, TX 75201

To: Guest Reservation

Please find attached the Credit Card Authorization for Billing, OSDH Lodging Letter, copy of my OSDH Id, copy of my P-card, and Oklahoma Tax Exempt Letter (73-6017987) for the following OSDH employees:

Joyce Marshall Alicia Lincoln Lodging Confirmation #DAL-F1104533 Lodging Confirmation #DAL-F1104560

Paul Patrick

Lodging Confirmation #DAL-F1104559

Please sign this form as proof of receipt of the above referenced forms and fax to 405-271-1897 Attention Robin Potter.

Received by (please print)

8-17-16 @ 41:04 pm

Thank you for your assistance in assuring our employee has a pleasant stay at your establishment.

Sincerely,

Robin L. Potter

Admin. Assistant

OSDH-CFHS-Nursing Service

Phone 405-271-5183 ext. 56531

Fax 405-271-1897

Board of Health





Magnolia Hotels - Dallas, Tx

To (Lodging Establishment):

From (Travel Coordinator Name):	Robin Potter		
ency Name & Phone No.: Oklahoma State Department of Health 405/271-5183			
Subject:	Reservation for Employee Traveling on Official Business for the State of Oklahoma  8/17/16		
Date:			
VISA Account No:	XXXX XXXX XX50 9775		
Name of Employee Traveling:	Joyce Marshall		
Confirmation No.:	DAL-F1104533		
Name/Fax No. of Lodging Establishment:	Magnolia Hotels P 214-915-6500		
	F 214-253-0053		
The Oklahoma State Department of Health hotel reservation for the employee identifie	requests the information provided in this letter be accepted and used to approve a ed herein.		
	account number is a VISA account issued to (Robin Potter), Travel Coordinator for The Oklahoma state agency, and used solely for individuals traveling on behalf of such		
	n official state business, which requires lodging from 8/21/16 to 8/22/16, unless or shorter stay. The employee need only provide legal proof of identification.		
	expenses for the employee named herein to be charged to the above referenced have a full refund cancellation policy in place if advance payment is required.		
	all personal expenses (i.e. room service, parking, telephone calls, etc.) incurred and the all not be posted on the state purchase card identified in this letter.		
Please submit any charges not appearing	on the receipt at time of check-out to:		
Travel Coordinator Name: Robin Potter			
Agency Name: The Oklahoma	a State Department of Health		
Telephone: 405-271-5183	<u> </u>		
Fax: 405-271-1897			
For verification of card security code, tax e Coordinator listed above. Thank you.	exemption, or any questions regarding this transaction, please contact the Agency Travel		
Rypulo	8-17-16		
Travel Coordinator signature	Date		



1401 Commerce Street
Dallas, TX 75201
(214) 915-6500

Attn: Front Desk Management Fax (214) 253-0053

For the dates of:	Marshall, Joyce Confirmation #DAL-F1104533		
### ### ##############################	(Hotel Guest Name) Last	First	
The following charges are to be applied to my credit card: (please check one)  X Room and tax only Room and tax, plus specified incidentals (Please list):  All charges  OSDH Cardholder Signature  Company (if this is a corporate card)  Motor of the state of the stat	For the dates of:		
The following charges are to be applied to my credit card: (please check one)  X Room and tax only Room and tax, plus specified incidentals (Please list):  All charges  OSDH Company (if this is a corporate card)  8/10/16  1000 NE 10 <sup>th</sup> St  Cardholder Billing Address  Cardholder Name Printed  City, State, Zip code  405-271-5183  Contact Phone Number  Credit Card Information ************************************			
All charges  OSDH Company (if this is a corporate card)  OIO16  OIO00 NE 10th St Cardholder Billing Address  Cardholder Name Printed  OKC, OK 73117-1299 Cardholder Name Printed  Contact Phone Number  Cardholder Number  Cardholder Name Printed  City, State, Zip code  Land Address  Contact Phone Number  Cardholder Name Printed  City, State, Zip code  Land Address  Cardholder Name Printed  City, State, Zip code  Land Address  Contact Phone Number  Cardholder Name Printed  City, State, Zip code  Land Land Land Land Land Land Land Land	(Arrival Date)	(Departure date)	
All charges  OSDH Cardholder Signature  OSDH Company (if this is a corporate card)  Note  Cardholder Billing Address  Cardholder Billing Address  OKC, OK 73117-1299 Cardholder Name Printed  City, State, Zip code  405-271-5183 Contact Phone Number  Cardholder Name Contact Phone Number  Cardholder Card Information ************************************	The following charges are to be applied to my cre	edit card: (please check one)	
OSDH Cardholder Signature  Company (if this is a corporate card)  1000 NE 10 <sup>th</sup> St  Cardholder Billing Address  Cardholder Name Printed  Cardholder Name Printed  City, State, Zip code  405-271-5183  Contact Phone Number  Credit Card Information  ***********************************	X Room and tax only		l incidentals
Cardholder Signature  Company (if this is a corporate card)  1000 NE 10 <sup>th</sup> St  Cardholder Billing Address  Cardholder Billing Address  Cardholder Name Printed  City, State, Zip code  405-271-5183	All charges		
Cardholder Billing Address   Cardholder Billing Address	Belfulter		
Cardholder Billing Address  Cobin Potter	Cardholder Signature	Company (if this is a corpora	ate card)
Cardholder Name Printed  City, State, Zip code  405-271-5183  Contact Phone Number  Credit Card Information  AmexDiscDinersMastercard _X_Visa11/18	3/10/16	1000 NE 10 <sup>th</sup> St	
Cardholder Name Printed         City, State, Zip code           405-271-5183	Date	Cardholder Billing Address	
Contact Phone Number Email Address  ******************** AmexDiscDinersMastercard _X_Visa11/18	Cardholder Name Printed	City, State, Zip code	
AmexDiscDinersMastercard _X_Visa11/18		_robinlp@health.ok.gov_ Email Address	
Expiration date CW2 Co	******	ormation *******	****
Expiration date CW2 Co	Amex Disc Diners Mastercard X Visa	11/18	055
			CW2 Co

- Please do not include the full Credit Card number. If this is a card other than the card used to make the reservation, a Hotel Representative will contact you for the missing digits.
- A copy of the cardholders ID is required with the return of this form.
- The hotel guest will still be required to present a valid credit card and Government issued ID upon check in.
- Please be advised the hotel will charge the credit card once the information is received.

Thank you for making a reservation with Magnolia Hotels. Your confirmation and details of your reservation are below. If you need to make any changes or speak directly to a customer service representative, please send us a note to dalres@magnoliahotels.com.



Reservation Number:

Arrival Date:
Departure Date:
Guest Name:
Room Type:
Room Rate\*:
Number of Rooms:

DAL-F1104533 Sunday, August 21, 2016 Monday, August 22, 2016 Joyce Marshall Queen \$99.00

Rate does not include applicable taxes and fees of 15.26% Subject to change.

Payment - A valid credit card in your name is required upon check-in. Please notify the front desk if you are using a debit card.

Hotel Policies - View a list of hotel policies

**Cancellation Policy -** Should your plans change, please cancel by 4:00pm the day prior to your arrival to avoid a cancellation fee of one night's lodging plus tax.

Check-In / Check-Out - 3:00PM /11:00AM

#### Complimentary Amenities:

- Daily Breakfast Service (M-F 6-9AM Sat/Sun 7-10AM)
- Evening Beer and Wine Reception (5:30-6:30PM)
- Bed Time Cookies and Milk (8-10PM)
- · High Speed Internet Acces



STASH HOTEL REWARDS*	First Name  Last Name  Email addréss (Impörtant: This is your Stash membership D):
C. C	By clicking "Join Stash Novs"; you confront that you have read and agree to

Join today, it's free and easy



To (Lodging Establishment):	Magnolia Hotesl - Dallas, TX		
From (Travel Coordinator Name):	Robin Potter		
Agency Name & Phone No.:	Oklahoma State Department of Health 405/271-5183		
Subject:			
•	Reservation for Employee Traveling on Official Business for the State of Oklahoma		
Date:	<u>8/17/16</u>		
VISA Account No:	<u>XXXX</u> <u>XXXX</u> <u>XX50</u> <u>9775</u>		
Name of Employee Traveling:	Alicia M. Lincoln		
Confirmation No.:	DAL-F1104560		
Name/Fax No. of Lodging Establishment:	Magnolia Hotels P 214-915-6500		
	F 214-253-0053		
The Oklahoma State Department of Health hotel reservation for the employee identified	requests the information provided in this letter be accepted and used to approve a d herein.		
	account number is a VISA account issued to (Robin Potter), Travel Coordinator for The Oklahoma state agency, and used solely for individuals traveling on behalf of such		
	n official state business, which requires lodging from 8/21/16 to 8/22/16, unless r or shorter stay. The employee need only provide legal proof of identification.		
	expenses for the employee named herein to be charged to the above referenced nave a full refund cancellation policy in place if advance payment is required.		
The employee is responsible for any and a payment thereof. Personal expenses sha	Il personal expenses (i.e. room service, parking, telephone calls, etc.) incurred and the all not be posted on the state purchase card identified in this letter.		
Please submit any charges not appearing of	on the receipt at time of check-out to:		
Travel Coordinator Name: Robin Potter			
Agency Name: The Oklahoma	state Department of Health		
Telephone: 405-271-5183			
Fax: 405-271-1897			
For verification of card security code, tax ex Coordinator listed above. Thank you.	xemption, or any questions regarding this transaction, please contact the Agency Travel		
Travel Coordinator signature	8-17-16;		



1401 Commerce Street Dallas, TX 75201 (214) 915-6500

Attn: Front Desk Management Fax (214) 253-0053

This letter hereby authorizes the use of my credit card at Magnolia Hotel Dallas by: Lincoln, Alicia M. Confirmation #DAL-F1104560 (Hotel Guest Name) Last First For the dates of: 8/21/16 through 8/22/16 (Arrival Date) (Departure date) The following charges are to be applied to my credit card: (please check one) X Room and tax only Room and tax, plus specified incidentals (Please list): All charges **OSDH** Company (if this is a corporate card) 1000 NE 10<sup>th</sup> St 8/10/16 Cardholder Billing Address Robin Potter OKC, OK 73117-1299 Cardholder Name Printed City, State, Zip code 405-271-5183 robinlp@health.ok.gov Contact Phone Number Email Address \*\*\*\*\*\*\*\*\*\*\*\* Credit Card Information \*\*\*\*\*\*\*\*\* Amex \_\_\_Disc \_\_\_Diners \_\_\_Mastercard \_X\_Visa 11/18 055 **Expiration date** CW2 Code

- Please do not include the full Credit Card number. If this is a card other than the card used to make the reservation, a Hotel Representative will contact you for the missing digits.
- A copy of the cardholders ID is required with the return of this form.

Date

First 6 Digits

- The hotel guest will still be required to present a valid credit card and Government issued ID upon check in.
- Please be advised the hotel will charge the credit card once the information is received.



Dear alicia lincoln

Thank you for making a reservation with Magnolia Hotels. Your confirmation and details of your reservation are below. If you need to make changes or speak directly to a customer service representative, please send us a note at stay@magnoliahotels.com.

**Reservation Number:** 

DAL-F1104560

Arrival Date: 08/21/2016

Departure Date: 08/22/2016

Room Type: Q

Guest Name: Room Rate\*: alicia lincoln

RATE TYPE

RATE

DATE 08/21/16

GOVP

\$99.00

\*Tax is not included in the rates listed above.

Cancel Policy:

Cancel by 4pm local hotel time 1 day prior to arrival to avoid fee of 1st night room rate plus tax.

Guarantee Policy:

A Valid Credit Card is Required to Guarantee Reservation

Payment Policy:

A valid credit card and ID in your name are required upon check-in. Please notify the front desk at

check-in if you are using a debit card.

Check-In / Check-Out: 3:00 PM / 11:00 AM

9114.11 after taxes

# It Feels Good Here.

1401 Commerce Street - Dallas, Texas 75201 - (P)214.915.6500 - (F)214.253.0053

Toll-Free Reservations 888.915.1110 MagnoliaHotels.com

Magnolia Hotels are managed by Denver-based Stout Street Hospitality



To (Lodging Establishment):	Magnolia Hotels - Dallas, TX		
From (Travel Coordinator Name):	Robin Potter		
Agency Name & Phone No.:	Oklahoma State Department of Health 405/271-5183		
Subject:	Reservation for Employee Traveling on Official Business for the State of Oklahoma		
Date:	8/17/2016		
VISA Account No:	XXXX XXXX XX50 9775		
Name of Employee Traveling:	Paul Patrick		
Confirmation No.:	DAL-F1104559		
Name/Fax No. of Lodging Establishment:	Magnolia Hotels P 214-915-6500		
	F 214-253-0053		
The Oklahoma State Department of Health hotel reservation for the employee identifie	requests the information provided in this letter be accepted and used to approve a d herein.		
	account number is a VISA account issued to (Robin Potter), Travel Coordinator for The Oklahoma state agency, and used solely for individuals traveling on behalf of such		
	n official state business, which requires lodging from 8/21/16 to 8/22/16, unless r or shorter stay. The employee need only provide legal proof of identification.		
	expenses for the employee named herein to be charged to the above referenced have a full refund cancellation policy in place if advance payment is required.		
The employee is responsible for any and a payment thereof. Personal expenses sha	Il personal expenses (i.e. room service, parking, telephone calls, etc.) incurred and the all not be posted on the state purchase card identified in this letter.		
Please submit any charges not appearing	on the receipt at time of check-out to:		
Travel Coordinator Name: Robin Potter			
Agency Name: The Oklahoma	a State Department of Health		
Telephone: 405-271-5183			
Fax: 405-271-1897			
For verification of card security code, tax e. Coordinator listed above. Thank you.	xemption, or any questions regarding this transaction, please contact the Agency Travel		
DUDANT!	8-17-110		
Travel Coordinator signature	Date		



### 1401 Commerce Street Dallas, TX 75201 (214) 915-6500

Attn: Front Desk Management Fax (214) 253-0053

This letter hereby authorizes the use of my c	redit card at Magnolia Hotel Dallas b	y:
Patrick, Paul Confirmation #DAL-F110	4559	
(Hotel Guest Name) Last	First	
For the dates of:		
8/21/16	through _8/22/16	•
(Arrival Date)	(Departure date)	
The following charges are to be applied to m	y credit card: (please check one)	
X Room and tax only	Room and tax, plus specific (Please list):	ed incidentals
All charges		· · · · · · · · · · · · · · · · · · ·
	•	
Cardholder Signature	OSDH Company (if this is a corpo	rate card)
8/10/16	1000 NE 10 <sup>th</sup> St	
Date	Cardholder Billing Address	3
Robin Potter	_OKC, OK 73117-1299_	
Cardholder Name Printed	City, State, Zip code	
405-271-5183	robinlp@health.ok.gov_	
Contact Phone Number	Email Address	
*****	Information *******	****
AmexDiscDinersMastercard _X_Visa	11/18	055
	Expiration date	CW2 Co
_471529_XXXXXXX _9775 First 6 Digits	-	

- Please do not include the full Credit Card number. If this is a card other than the card used to make the reservation, a Hotel Representative will contact you for the missing digits.
- A copy of the cardholders ID is required with the return of this form.
- The hotel guest will still be required to present a valid credit card and Government issued ID upon check in.
- Please be advised the hotel will charge the credit card once the information is received.



#### paul patrick

Thank you for making a reservation with Magnolia Hotels. Your confirmation and details of your reservation are below. If you need to make changes or speak directly to a customer service representative, please send us a note at stay@magnoliahotels.com.

Reservation Number:

DAL-F1104559

Arrival Date: 08/21/2016

Departure Date: 08/22/2016

Room Type: Q

**Guest Name:** Room Rate\*:

DATE

paul patrick

RATE TYPE

RATE

08/21/16

GOVP

\$99.00

\*Tax is not included in the rates listed above.

Cancel Policy:

Cancel by 4pm local hotel time 1 day prior to arrival to avoid fee of 1st night room rate plus tax.

Guarantee Policy: A Valid Credit Card is Required to Guarantee Reservation

Payment Policy:

A valid credit card and ID in your name are required upon check-in. Please notify the front desk at

check-in if you are using a debit card.

Check-In / Check-Out: 3:00 PM / 11:00 AM

# It Feels Good Here. 🥌

1401 Commerce Street - Dallas, Texas 75201 - (P)214.915.6500 - (F)214.253.0053

Toll-Free Reservations 888.915.1110 MagnoliaHotels.com

Magnolia Hotels are managed by Denver-based Stout Street Hospitality

#### STATE OF OKLAHOMA TAX EXEMPT 73-6017987

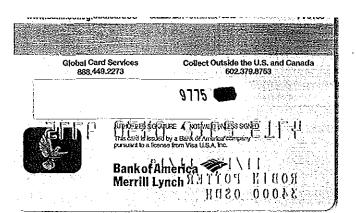


Purchasing Card

9775

VALID FROM VALID TO
IV/TS IV/18
ROBIN POTTER
34000 OSDH

VISA





OKLAHOMA STATE DEPARTMENT OF HEALTH

HAKOJEME



**ROBIN POTTER** 

**ADMINISTRATIVE ASSISTANT** 

143278



#### NIOSCIM

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

#### VISION

Creating a State of Health

#### **VALUES**

Leadership - To provide vision and purpose in public health through knowlege, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy

integrity - To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community - To respect the importance, diversity, and contribution of individuals and community partners.

Service - To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability - To competently improve the public's health on the basis of sound scientific evidence and responsible research.

Tammy Howard State P-Card Administrator Central Purchasing



#### Scott Schltthauer Director

# State of Oklahoma Office of Management and Enterprise Services

To whom it may concern:

Per the State of Oklahoma P-Card Procedures and the OK Tax Commission:

The Oklahoma State Sales Tax Number is 736017987 and printed clearly on the State issued P-Card. The State of Oklahoma does have employees who travel on official business with the State and should not be charged tax on hotel/lodging rates per the below:

6.5 State Sales Tax

State Entity purchases are exempt from the State of Oklahoma sales tax. P/Cardholder should use care to ensure they are not being charged nor paying such tax. P/Cardholder shall obtain a credit from the vendor for any sales tax charged. The sales tax identification number is provided on the face of each P/Card. A copy of the Oklahoma Tax Commission letter citing state sales tax exemption is located on the DCS website. State Entity purchases made out of state are not exempt from that state's sales tax; however, it is possible some states may not charge state sales tax on a transaction, depending on reciprocal statutes, tax laws, etc. State Entities also have immunity from taxes imposed by municipalities. Therefore, State Entities should not be paying taxes to Oklahoma municipalities, including sales tax, hotel occupancy tax, entertainment tax, etc.

(See DCAR Newsletter Vol 20, No. 6, dated March 11, 2010 for more information)

Please feel free to contact my office should you need any further clarification.

Sincerely,

Tammy Howard

State of Oklahoma P-Card Administrator

Contract Officer, CPO

\* \* Communication Result Report (Aug. 17. 2016 3:44PM) \* \* \*

1)

Date/Time: Aug. 17. 2016 3:41PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1947 Memory TX	91214253005379183	P. 13	OK	· ·

Reason for error
E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection
E. 6) Destination does not support IP-Fax

Community and Family Health Services Oblahoma State Department of Health 1000 N.E. Tenth Street Oklahoma City, OK 73:17-1299 405-271-183 406-271-1897 (FAX)

Oklahoma State Department of Health

## Fax

To: Ma	stoica Hoicks	From: Rolin Potter		
Fax: 214	253-0053	Date: August 17, 2016		
Phone: 21	4-915-6560	Pages:	3	
Rei		CCi		
Urgent:	For Review	Please Comment	Please Reply	Please Recycle

Dear Sir/Madam:

I am forwarding to you a credit card authorization form and a Lodging Template for Joyce Marshall, Alicia Lincoln, and Paul Patrick. Charges are not to be charged until they theck into the hotel. If you have any cuestions unifor concerns, please do not healthte to contact me at 405-271-5183. Trank you.

Community and Family Health Services Oklahoma State Department of Health 1000 N.E. Tenth Street Oklahoma City, OK 73117-1299 405-271-5183 405-271-1897 (FAX)

# Oklahoma State Department of Health



 To:
 Magnolia Hotels
 From:
 Robin Potter

 Fax:
 214-253-0053
 Date:
 August 17, 2016

 Phone:
 214-915-6500
 Pages:
 3

 Re:
 CC:

Urgent: For Review Please Comment <u>Please Reply</u> Please Recycle

#### Comments:

#### Dear Sir/Madam:

I am forwarding to you a credit card authorization form and a Lodging Template for Joyce Marshall, Alicia Lincoln, and Paul Patrick. Charges are not to be charged until they check into the hotel. If you have any questions and/or concerns, please do not hesitate to contact me at 405-271-5183. Thank you.

